



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
www.trs.mt.gov
406-444-3134
1-866-600-4045

TRS Office Use Only

TRANSFER OF SERVICE FROM PERS TO TRS

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.

MEMBER INFORMATION

First _____ Middle _____ Last _____ Suffix _____
Printed Name

Mailing Address—including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code)

Area Code and Telephone Number Date of Birth Social Security Number

EMPLOYMENT INFORMATION

Employer's Printed Name Date of Employment - From (Mo/Yr) - To (Mo/Yr)

Position Title (As listed on the Job Description) Essential Duties and Responsibilities

Have you withdrawn your account from PERS? ☐ YES ☐ NO

Member's Previous Name(s) Used

ADDITIONAL EMPLOYMENT INFORMATION (if applicable)

Employer's Printed Name Date of Employment - From (Mo/Yr) - To (Mo/Yr)

Position Title (As listed on the Job Description) Essential Duties and Responsibilities

Have you withdrawn your account from PERS? ☐ YES ☐ NO

Member's Previous Name(s) Used

Please accept this as a formal request for a transfer of service from the Montana Public Employees' Retirement System (PERS) to the Montana Teacher' Retirement System (TRS).

Member's Signature **Date**

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST